

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF WORKFORCE PLANNING AND SELECTION

**ASSOCIATE BUDGET ANALYST  
QUALIFICATION ASSESSMENT EXAMINATION**

**Please read and follow these instructions carefully**

This examination will consist of the attached Qualification Assessment questionnaire, which will be used to evaluate your knowledge, experience, education and training as they relate to the **Associate Budget Analyst** classification. The information you provide on your Qualification Assessment will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. If successful, your name will be placed **onto a Departmental Promotional List based on your final score**. A "Conditions of Employment" form is included in this examination which will allow you to select the time bases you are interested in working.

**Do not attach any additional documents** to this Qualification Assessment or send any forms/documents in advance as additional documents will not be rated. This Qualification Assessment will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as **missing or incomplete information may result in the elimination for this examination**.

**THIS AFFIRMATION MUST BE COMPLETED**

**Government Code Section 18935:**

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application in his or her examination or in securing his or her eligibility."

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

HOME/CELLULAR PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**YOUR COMPLETED QUALIFICATION ASSESSMENT MUST INCLUDE YOUR ORIGINAL SIGNATURE**

**Mail Completed Qualification Assessment to:**

Department of Corrections and Rehabilitation  
Office of Workforce Planning and Selection  
P.O. Box 942883  
Sacramento, CA 94283-0001

**Or**

**Deliver in Person to:**

Department of Corrections and Rehabilitation  
Office of Workforce Planning and Selection  
1515 "S" Street, Room 100-S  
Sacramento, CA 95811

Between the hours of 8:00 am – 5:00 pm

**NOTE:**

- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualification Assessment for your records.
- Be sure to enter your name in the space provided on EACH PAGE.

## SECTION I - JOB REQUIREMENTS

Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of these job requirements, it will be grounds for elimination from the examination process.

	YES	NO
1. Are you willing to abide by and adhere to safety policies and provisions applicable to specific work assignments?		
2. Are you willing to comply with annual tuberculosis screening requirements?		
3. Are you willing to visit a State correctional facility on occasion and abide by the institutional dress code as part of your assigned duties?		
4. Are you willing to comply with departmental training requirements?		
5. Are you willing to report staff misconduct, dangerous situations to supervisors?		
6. Are you willing to provide instruction or oversight regarding departmental policies, procedures, standards, and practices to other employees, outside consultant, and/or member of the public?		
7. Are you willing to report unethical and/or illegal behavior on the part of departmental staff?		
8. Are you willing to train and/or act as a lead?		
9. Are you willing to accept constructive criticism and respond appropriately?		
10. Are you willing to promote positive, collaborative, professional working relations among co-workers both within and outside the work unit?		
11. Are you willing to work professionally with individuals from a wide range of cultural backgrounds?		
12. Are you willing to participate in team meetings, committees, special projects, etc. as required and/or assigned by your supervisor/manager?		
13. Are you willing to work overtime, on occasional weekends and on-call hours as required?		

## SECTION II - DESIRABLE QUALIFICATIONS

Please indicate if you have any of the following experience by marking the appropriate box(es).

1. At least two years of experience and/or training using Microsoft Office applications, including Excel and Word.	
2. More than six months of experience using 10-key by touch.	
3. At least four years of experience working in a state budgeting/accounting environment.	

**Note:** To respond appropriately, you must refer to the scale description below and check the appropriate box for Knowledge and Experience (YOU CAN ONLY CHECK ONE BOX FOR KNOWLEDGE AND ONE BOX FOR EXPERIENCE).

**No Experience:** I do not have any experience performing tasks in this area.

[illegible]

### SECTION III – KNOWLEDGE AND EXPERIENCE CONTINUED

**Note:** To respond appropriately, you must refer to the scale description below and check the appropriate box for Knowledge and Experience (YOU CAN ONLY CHECK ONE BOX FOR KNOWLEDGE AND ONE BOX FOR EXPERIENCE).

**Extensive Knowledge:** I have knowledge at a level to effectively perform this task independently.

**Moderate Knowledge:** I have knowledge to perform this task, but may require general supervision.

**Basic Knowledge:** I have limited knowledge of how to perform this task and require direct supervision.

**No Knowledge:** I do not have knowledge of how to perform this task.

**Extensive Experience:** I have performed tasks in this area often.

**Moderate Experience:** I have occasionally performed and/or assisted in performing tasks in this area.

**Basic Experience:** I have limited experience performing tasks in this area.

**No Experience:** I do not have any experience performing tasks in this area.

	KNOWLEDGE Related to performing this task				EXPERIENCE Related to performing this task			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Extensive Experience	Moderate Experience	Basic Experience	No Experience
15. Review personnel transaction documents to verify budget and position authority.								
16. Prepare various reports and/or correspondence for external and internal stakeholders.								
17. Review budget allotment for accuracy.								
18. Prepare various analyses and reports for yearly fiscal reviews.								
19. Prepare various schedules for inclusion in the Governor's Budget.								
20. Create and update Position Recap to reconcile position authority.								
21. Prepare and analyze monthly budget plans.								
22. Prepare Position Authority Reconciliation (PAR) reports.								
23. Perform research and analysis on complex budget issues.								
24. Coordinate special assignments by providing direction and guidance.								
25. Function as a lead analyst to assist staff in training and completing assignments.								
26. Prepare and present analysis to departmental stakeholders.								
27. Assist in resolving complex budget issues.								

**THIS CONCLUDES THE ASSOCIATE BUDGET ANALYST EXAMINATION  
 PLEASE COMPLETE THE ATTACHED "CONDITIONS OF EMPLOYMENT" FORM**

## CONDITIONS OF EMPLOYMENT

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers** and/or you do not reply promptly to the contact, your name will be made inactive. Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

### TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time      ☐ (R) Permanent Part-Time      ☐ (K) Limited-Term Full-Time      ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ (5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

☐ 7238 UPPER NORTHERN REGION - If this box is marked, no further selection is necessary.

<input type="checkbox"/> 0800 Del Norte	<input type="checkbox"/> 1200 Humboldt	<input type="checkbox"/> 1800 Lassen	<input type="checkbox"/> 2300 Mendocino
<input type="checkbox"/> 2500 Modoc	<input type="checkbox"/> 3200 Plumas	<input type="checkbox"/> 4500 Shasta	<input type="checkbox"/> 4700 Siskiyou
<input type="checkbox"/> 5200 Tehama	<input type="checkbox"/> 5300 Trinity		

☐ 7231 NORTHERN REGION - If this box is marked, no further selection is necessary.

<input type="checkbox"/> 0100 Alameda	<input type="checkbox"/> 3100 Placer
<input type="checkbox"/> 0200 Alpine	<input type="checkbox"/> 3400 Sacramento
<input type="checkbox"/> 0300 Amador	<input type="checkbox"/> 3800 San Francisco
<input type="checkbox"/> 0400 Butte	<input type="checkbox"/> 3900 San Joaquin
<input type="checkbox"/> 0500 Calaveras	<input type="checkbox"/> 4100 San Mateo
<input type="checkbox"/> 0600 Colusa	<input type="checkbox"/> 4600 Sierra
<input type="checkbox"/> 0700 Contra Costa	<input type="checkbox"/> 4800 Solano
<input type="checkbox"/> 1100 Glenn	<input type="checkbox"/> 4900 Sonoma
<input type="checkbox"/> 0900 El Dorado	<input type="checkbox"/> 5100 Sutter
<input type="checkbox"/> 1700 Lake	<input type="checkbox"/> 5200 Tehama
<input type="checkbox"/> 2100 Marin	<input type="checkbox"/> 5500 Tuolumne
<input type="checkbox"/> 2800 Napa	<input type="checkbox"/> 5700 Yolo
<input type="checkbox"/> 2900 Nevada	<input type="checkbox"/> 5800 Yuba

☐ 7232 CENTRAL REGION - If this box is marked, no further selection is necessary.

<input type="checkbox"/> 1000 Fresno	<input type="checkbox"/> 2700 Monterey
<input type="checkbox"/> 1400 Inyo	<input type="checkbox"/> 3500 San Benito
<input type="checkbox"/> 1500 Kern	<input type="checkbox"/> 4000 San Luis Obispo
<input type="checkbox"/> 1600 Kings	<input type="checkbox"/> 4300 Santa Clara
<input type="checkbox"/> 2000 Madera	<input type="checkbox"/> 4400 Santa Cruz
<input type="checkbox"/> 2200 Mariposa	<input type="checkbox"/> 5000 Stanislaus
<input type="checkbox"/> 2400 Merced	<input type="checkbox"/> 5400 Tulare
<input type="checkbox"/> 2600 Mono	

☐ 7233 SOUTHERN REGION - If this box is marked, no further selection is necessary.

<input type="checkbox"/> 1300 Imperial	<input type="checkbox"/> 3600 San Bernardino
<input type="checkbox"/> 1900 Los Angeles	<input type="checkbox"/> 3700 San Diego
<input type="checkbox"/> 3000 Orange	<input type="checkbox"/> 4200 Santa Barbara
<input type="checkbox"/> 3300 Riverside	<input type="checkbox"/> 5600 Ventura

Please notify CDCR promptly of any address changes or availability for employment at the following address: CDCR, Human Resources, Office of Workforce Planning and Selection, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Certification Unit

PLEASE SEE COVER PAGE FOR PROPER RETURNING AND MAILING PROCEDURES